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## United States Bankruptcy Court Eastern District of Virginia - Norfolk Division

In re	Cariss	sa Ann Robertson	Debto	or(s)	Case No. Chapter	15-72099-FJS 13		
		SPECIAL NOT	FICE TO SE	CUREI	CREDITOR			
То:		ax ox 440609 esaw, GA 30160						
		of creditor						
	2007 S	Suzuki Aerio						
	Descri	ption of collateral						
	The at	tached chapter 13 plan filed by the debte	or(s) proposes (a	check one	):			
	<b>Y</b>	To value your collateral. See Section amount you are owed above the value						
		To cancel or reduce a judgment lien of <b>Section 7 of the plan.</b> All or a portion						
	posed re of the o	hould read the attached plan carefully judief granted, unless you file and serve a objection must be served on the debtor(subjection due:	written objectio	n by the d and the c	late specified and appe	ar at the confirmation hearing		
		and time of confirmation hearing:		,	August 11, 2015 (			
		of confirmation hearing:	Judge Santoro's Courtroom, 600 Granby Street, 4th Floor, Courtroom #2, Norfolk, VA					
				Caricea	Ann Robertson			
					of debtor(s)	1		
			Ву:		my C. Smith, III C. Smith, III 42409			
					or(s)' Attorney e debtor			
				Name oj 1600 Vii Virginia	C. Smith, III 42409 f attorney for debtor(s) rginia Beach Blvd. Beach, VA 23454 of attorney for pro se			
				Tel. #	.,			

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### CERTIFICATE OF SERVICE

I hereby certify that true copies of the foregoing Notice and attached Chapter 13 Plan and Related Motions were served upon the creditor noted above by

first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this 4.24.15

/s/ Tommy C. Smith, III

Tommy C. Smith, III 42409

Signature of attorney for debtor(s)

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### United States Bankruptcy Court Eastern District of Virginia - Norfolk Division

In re	Caris	sa Ann Robertson			Case No.	15-72099-FJS
			Debt	or(s)	Chapter	13
		SPECIAL NO	TICE TO SE	CURE	CREDITOR	
To:	PO Bo	a (Value City) ox 790105 Louis, MO 63179-0105				
		of creditor				
	Furnit					
	Descri	ption of collateral				
1.	The at	tached chapter 13 plan filed by the debt	or(s) proposes (	check one)	):	
	Y	To value your collateral. See Section amount you are owed above the value				
		To cancel or reduce a judgment lien of <b>Section 7 of the plan.</b> All or a portion				
	posed re	thould read the attached plan carefully blief granted, unless you file and serve a objection must be served on the debtor(s	written objection	on by the d	ate specified and appe	
	Date	objection due:	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	7 d	ays prior to confirma	tion hearing
		and time of confirmation hearing:			August 11, 2015 (	<del></del>
	Place	of confirmation hearing:	Judge Sa		ourtroom, 600 Grant Floor, Courtroom #2	
				Carissa	Ann Robertson	
				Name(s)	of debtor(s)	`
			By:	/s/ Tomi	my C. Smith, III	
				Signatur	C. Smith, #1 42409 re	
					or(s)' Attorney e debtor	
					C. Smith, III 42409	
					f <i>attorney for debtor(s)</i> rginia Beach Blvd.	)
				Virginia	Beach, VA 23454  of attorney [or pro se	dehtorl
				Tel. #	757-428-3481	
				Fax #	757-491-6174	

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### CERTIFICATE OF SERVICE

I hereby certify that true copies	of the foregoing Notice and	l attached Chapter 13 Plar	n and Related Motions	were served upon the
creditor noted above by				

first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this 6.24.15

Isl Tommy C. Smith, III

Tommy C. Smith, III42409
Signature of attorney for debtor(s)

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### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA - NORFOLK DIVISION

### CHAPTER 13 PLAN AND RELATED MOTIONS

Name of Debtor(s	): Carissa Ann Robertson	Case No: 15-72099-FJS
Γhis plan, dated <u>J</u> ι	une 19, 2015, is:	
<b>Y</b>	the <i>first</i> Chapter 13 plan filed in this case. a modified Plan, which replaces the Confirmed or Cunconfirmed Plan dated.	
	Date and Time of Modified Plan Confirming Hearing:	
	Place of Modified Plan Confirmation Hearing:	
The	Plan provisions modified by this filing are:	
Cred	ditors affected by this modification are:	

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing set for August 11, 2015 @ 10:00 a.m., Judge Santoro's Courtroom, 600 Granby Street, 4th Floor, Courtroom #2, Norfolk, VA.

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: \$10,676.00

Total Non-Priority Unsecured Debt: \$35,333.00

Total Priority Debt: \$7,340.00 Total Secured Debt: \$3,249.00

- 1. Funding of Plan. The debtor(s) propose to pay the trustee the sum of \$358.00 Monthly for 17 months, then \$449.00 Monthly for 38 months. Step-up begins when debtor's 401K loan of \$91.00/month is paid off, balance of loan \$1,547.00 Other payments to the Trustee are as follows: NONE. The total amount to be paid into the plan is \$23,148.00.
- 2. Priority Creditors. The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
    - 2. Debtor(s)' attorney will be paid \$\_4,660.00 balance due of the total fee of \$\_5,000.00 concurrently with or prior to the payments to remaining creditors.
  - B. Claims under 11 U.S.C. §507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

Creditor	Type of Priority	Estimated Claim	Payment and Term
IRS	Taxes and certain other debts	6,840.00	Prorata
			23 months
Va Department of Taxation	Taxes and certain other debts	500.00	Prorata
-			23 months

- 3. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan. The following secured claims are to be "crammed down" to the following values:

Creditor	Collateral	Purchase Date	Est Debt Bal.	Replacement Value
Car Max	2007 Suzuki Aerio	2012	6,000.00	2,949.00
Fortiva (Value	Furniture	2013	1,100.00	300.00
City)				

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

Creditor	Collateral Description	Estimated Value	Estimated Total Claim
-NONE-			

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### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

CreditorCollateral DescriptionAdeq. Protection<br/>Monthly PaymentTo Be Paid ByCar Max2007 Suzuki Aerio50.00Trustee by end of monthFortiva (Value City)Furniture25.00Trustee by end of month

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Creditor	Collateral	Approx. Bal. of Debt or "Crammed Down" Value	Interest Rate	Monthly Paymt & Est. Term**
Car Max	2007 Suzuki Aerio	2,949.00	5.25%	60.44
				55 months
Fortiva (Value	Furniture	300.00	5.25%	6.15
City)				55 months

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

### 4. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately 2%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 0 %.
- B. Separately classified unsecured claims.

Creditor	Basis for Classification	Treatment
-NONE-		

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5.	Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term
	Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any
	existing default under 11 U.S.C. § 1322(b)(5).

Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below A. will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without an interest rate is designated below for interest to be paid on the

interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest provided for in the loan agreement.					interest is	
Creditor -NONE-	<u>Collateral</u>	Regular Contract <u>Payment</u>	Estimated Arrearage	Arrearage Interest <u>Rate</u>	Estimated Cure Period	Monthly Arrearage Payment
В.	Trustee to make contract payments and regular contract monthly payments that co debts shall be cured by the Trustee either pelow.	me due during the peri	od of this Plar	n, and pre-p	etition arrearag	es on such
Creditor -NONE-	<u>Collateral</u>	Regular Contract <u>Payment</u>	Estimated Arrearage	Interest <u>Rate</u>	Term for Arrearage	Monthly Arrearage <u>Payment</u>
C.	Restructured Mortgage Loans to be pair constituting the debtor(s)' principal resider payment under the Plan is due shall be pair 1322(c)(2) with interest at the rate specific	nce upon which the last d by the Trustee during	scheduled co	ntract payn	nent is due befo	re the final
Credito	<u>r</u> <u>Collateral</u>	Interest <u>Rate</u>	Estimate <u>Claim</u>		hly Paymt& Es	st. Term**
	apired Leases and Executory Contracts. The s listed below.	e debtor(s) move for as	sumption or re	ejection of 1	the executory co	ontracts and
Α.	Executory contracts and unexpired leas	es to be rejected. The	e debtor(s) rej	ect the follo	owing executory	contracts.
Creditor -NONE-	Type of Contract					

B. Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

Monthly Estimated Payment Creditor Type of Contract Arrearage Cure Period for Arrears -NONE-

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- 7. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u> -NONE-

- 8. Treatment and Payment of Claims.
  - All creditors must timely file a proof of claim to receive payment from the Trustee.
  - If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
  - If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
  - The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- 9. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

  Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 10. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 11. Other provisions of this plan:

Debtor's student loan is being paid outside of plan, as this is non-dischargeable under bankruptcy.

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Dated:

June 11, 2015

Carissa Ann Robertson

Debtor

Temmy C. Smith, III 42409

**Debtor's Attorney** 

**Exhibits:** 

Copy of Debtor(s)' Budget (Schedules I and J);

Matrix of Parties Served with Plan

24

Certificate of Service

List.

Tommy C. Smith, III 42409

Signature

1600 Virginia Beach Blvd. Virginia Beach, VA 23454

Address

757-428-3481

Telephone No.

Ver. 09/17/09 [effective 12/01/09]

Debtor 2 (Spouse: If filing)  United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number (If known)  Check if this is:  An amended filing A supplement showing post-petition chapter 13 income as of the following date:  MM / DD/ YYYY	Fills	in this information to identify your	case.							
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number										
Case number   Check if this is:   An amended filing   A supplement showing post-petition chapter   A supplement showing post-petition chapter   A supplement showing post-petition chapter   An amended filing		····	_			_				
Official Form B 6I Schedule I: Your Income  Schedule I: Your Income  128 as complete and accurate as possible. If two married people are filling together (Dobtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needer attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest information about your spouse is not filling with you, do not include information about your spouse. If more space is needer attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest information about your spouse. If you have more than one job, attach a separate page with information about additional employers.  Occupation Sales Manager  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address or homemaker, if it applies.  Employer's address or homemaker, if it applies.  Employer's address or 1410 Greenbrier Pkwy, Ste 100 Chesapeake, VA 23320  How long employed there? 01/22/2013  Part 2: Give Details About Monthly income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse in the page of the	Unit	ted States Bankruptcy Court for th	e: <u>EASTERN DISTRICT</u>	OF VIRGINIA		_				
Official Form B 6  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needer attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest page with information about your spouse. If you have more than one job, attach a separate page with information about additional employers.  Occupation  Sales Manager  Employer's name  Employer's address  Occupation may include student or homemaker, if it applies.  Employer's address  How long employed there?  1410 Greenbrier Pkwy, Ste 100 Chesapeake, VA 23320  How long employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  Entity of Debtor 1 For Debtor 2 or non-filling spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. List monthly corrections and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,783.00 \$ NIA	Cas	e number				_	Check if this is:			
Official Form B 6I  Schedule I: Your Income  12.  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest that he separate sheet or this form. On the top of any additional pages, write your name and case number (if known). Answer every quest page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Occupation may include student or homemaker, if it applies.  Find the page of the date you file this form. If you have nothing to report for any line, write \$0 in the space, Include your non-filing spouse unless you are separated.  For Debtor 1  Debtor 1  Debtor 2 or non-filing spouse  Employer's name  Acceptance Now  1410 Greenbrier Pkwy, Ste 100  Chesapeake, VA 23320  How long employed there?  O1/22/2013  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space, Include your non-filing spouse unless you are separated.  For Debtor 1  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2 3,783.00 \$ N/A  N/A				-		ł	☐ An amende	d filing		
Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for surplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needer attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write you name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every quest pages, write your name and case number (If known). Answer every										•
Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needer attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation Sales Manager  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address or homemaker, if it applies.  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,783.00 \$ N/A deductions). If not paid monthly, calculate what the monthly wage would be.  3. **Solution** **Debtor** **Deb	Of	fficial Form B 6I							onowing date.	
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible fo supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needer attach a separate dard your spouse is not filing with you, do not include information about your spouse. If more space is needer attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest that he separate page with information about additional employers.    Part 1:		·					MM / DD/ Y	YYY		4044
supplying correct information. If you are married and not filling pintly, and your spouse is living with you, include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questing the process of the top of any additional pages, write your name and case number (if known). Answer every questing the process of the top of any additional pages, write your name and case number (if known). Answer every questing the process of the top of any additional pages, write your name and case number (if known). Answer every questing the process of the top of any additional pages, write your name and case number (if known). Answer every questing the process of the top of any additional pages, write your name and case number (if known). Answer every questing the process of the top of any additional pages, write your name and case number (if known). Answer every questing the process of the date you attach a separate page with information.    Part 1					.=					12/13
Information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Occupation  Occupation  Occupation  Occupation  Occupation  Occupation Mot employed  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Acceptance Now  1410 Greenbrier Pkwy, Ste 100 Chesapeake, VA 23320  How long employed there?  O1/22/2013  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,783.00 \$ N/A  3. Estimate and list monthly overtime pay.	attac	t 1: Describe Employment	. On the top of any additi	rith you, do not include ional pages, write your	inform name	matio	on about your sp I case number (if	ouse. If n known).	nore space is Answer every	needed, / question
attach a separate page with information about additional employers.  Occupation  Sales Manager  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name Acceptance Now  Employer's address  1410 Greenbrier Pkwy, Ste 100  Chesapeake, VA 23320  How long employed there?  01/22/2013  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,783.00 \$ N/A  3. Estimate and list monthly overtime pay.	1.			Debtor 1			Debtor 2	or non-1	iling spouse	· · · · · · · · · · · · · · · · · · ·
Include part-time, seasonal, or self-employed work.  Occupation Sales Manager  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address 1410 Greenbrier Pkwy, Ste 100 Chesapeake, VA 23320  How long employed there? 01/22/2013  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2 \$ 3,783.00 \$ N/A  3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			Employment status	■ Employed			☐ Empl	oyed		
Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  1410 Greenbrier Pkwy, Ste 100 Chesapeake, VA 23320  How long employed there?  01/22/2013  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,783.00 \$ N/A  3. Estimate and list monthly overtime pay.			Employment status	□ Not employed	☐ Not employed					
Self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address Occupation may include student or homemaker, if it applies.  How long employed there?  O1/22/2013  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,783.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A		employers.	Occupation	Sales Manager						
Chesapeake, VA 23320  How long employed there?  O1/22/2013  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A			Employer's name	Acceptance Now		_			······································	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,783.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A			Employer's address				100			
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spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you nemore space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A	Par	t 2: Give Details About Mo	onthly Income							
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A	spou If yo	use unless you are separated.  u or your non-filing spouse have n	nore than one employer, c			-		·	·	
2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 3,783.00 \$ N/A  3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A							For Debtor 1			
	2.				2.	\$	3,783.00	\$	N/A	•
4. Calculate gross Income. Add line 2 + line 3. 4. \$\ \[ \\$ \ \] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3.	Estimate and list monthly ove	rtime pay.		3.	+\$	0.00	+\$	N/A	
	4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	3,783.00	\$	N/A	

Official Form B 61 Schedule 1: Your Income page 1

Deb	or 1	Carissa Ann Robertson	_	Case r	number (if known)		
				For	Debtor 1		ebtor 2 or illing spouse
	Copy	y line 4 here	4.	\$	3,783.00	\$	N/A
5	Lint	all payroll deductions:					
5.		all payroll deductions:	5a.	\$	C00 00	\$	A1/A
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.	\$	689.00 0.00	\$ 	N/A N/A
	5c.	Voluntary contributions for retirement plans	5c.	š	0.00	\$—	N/A
	5d.	Required repayments of retirement fund loans	5d.	<u>\$</u> _	0.00	\$	N/A
	5e.	Insurance	5e.	š—	0.00	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify: 401K and insurance	5h.+	\$	437.00	+ \$	N/A
		401K loan		\$	91.00	\$	N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,217.00	\$	N/A
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,566.00	\$	N/A
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b.	<b>\$</b>	0.00	\$	N/A
	8c. 8d. 8e.	Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security	8c. 8d. 8e.	\$_ \$_	0.00 0.00 0.00	\$ \$	N/A N/A N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	ance 8f.	\$_ \$_	0.00	\$ \$	N/A
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A
	8h.	Other monthly income. Specify: Assistance for cell phone	8h.+	* _	100.00	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	100.00	s	N/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	;	2,666.00 + \$		N/A = \$ 2,666.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedude contributions from an unmarried partner, members of your household, or friends or relatives.  The second include any amounts already included in lines 2-10 or amounts that are cify:	your deper				Schedule J. 11. +\$ 0.00
12.		the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Schedules and Statistical Summary of Cies					12. <b>\$ 2,666.00</b>
13.	Do y	you expect an increase or decrease within the year after you file this f	orm?				Combined monthly income
		No. Yes Explain:					

~					
Fill in	this information to identify your case:				
Debtor	Carissa Ann Robertson		Chec	k if this is:	
	Carlosa Film Hobortoon	<del></del>		An amended filing	
Debtor	vr 2				ring post-petition chapter
(Spous	ise, if filing)		•	13 expenses as of t	he following date:
			-		·
United	d States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA	<u> </u>	1	MM / DD / YYYY	
	and the second s			A congrato filina for	Debtor 2 because Debtor
(If kno	number			a separate illing for 2 maintains a separ	
(11 K110	19911)		•	e mamamo a bopa	ato modeomora
Off	ficial Form B 6J				
	hedule J: Your Expenses				12/13
	s complete and accurate as possible. If two married people are				
	mation. If more space is needed, attach another sheet to this fo	orm. On the top of a	ny additio	onal pages, write	your name and case
numi	ber (if known). Answer every question.				
Part 1	Describe Your Household				
	Is this a joint case?			· · · · · · · · · · · · · · · · · · ·	
	✓ No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  ✓ No. Go to line 2.  ✓ No. Go to line 3.  ✓ No. Go to line 3.  ✓ No. Go to line 3.  ✓ No. Go to line				
l	Tes. Does Deptor 2 live in a separate nousehold?				
	No				
	Yes. Debtor 2 must file a separate Schedule J.				
2.	Do you have dependents? No				
۷.	Invend * * *				
	Do not list Debtor 1 Yes. Fill out this information for	Dependent's relations	ship to	Dependent's	Does dependent
	and Debtor 2. each dependent	Debtor 1 or Debtor 2		age	live with you?
	Do not state the	C		44	<b>✓</b> No
1	dependents' names.	Son			Yes
					∐No
					Yes
					No
					Yes
					No
		<del></del>			Yes
	Do your expenses include  ✓ No				
	expenses of people other than Yes				
	yourself and your dependents?				
Part 2	2: Estimate Your Ongoing Monthly Expenses				
	mate your expenses as of your bankruptcy filing date unless yo	u are using this form	m as a su	polement in a Cha	apter 13 case to report
	enses as of a date after the bankruptcy is filed. If this is a supple				
•	icable date.	•	•	•	
• •					
	ude expenses paid for with non-cash government assistance if				
	value of such assistance and have included it on Schedule I: Yo	our Income		Your expe	nne 00
(Offic	cial Form 6l.)			Tour expi	3(1888
4	The workel or house assessment assessment for your real-dames. In	aluda firet mantanan			
	The rental or home ownership expenses for your residence. Inc payments and any rent for the ground or lot. (ANTICIPATED RENT		4. \$		650.00
	payments and any tent for the ground of lot. (ANTICIPATED RENT	,	•		
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such as hom	ne equity loans	5. \$		0.00

ebtor 1	Carissa Ann Robertson	Case numb	er (if known)	
5. <b>Utili</b> 6a.	ties: Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.		0.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.		220.00
6c.	• • • •	6d.	•	
6d.	Other. Specify:	— ou. 7.	\$	0.00
	d and housekeeping supplies		·	300.00
	Idcare and children's education costs	8.	\$	0.00
	thing, laundry, and dry cleaning		\$	135.00
	sonal care products and services		\$	20.00
. Med	lical and dental expenses	11.	\$	45.00
	nsportation. Include gas, maintenance, bus or train fare.	12	¢	300.00
	not include car payments.	12.		
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	·	100.00
. Cha	ritable contributions and religious donations	14.	\$	0.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45.	•	
	Life insurance	15a.	•	0.00
	. Health insurance	15b.		0.00
	. Vehicle insurance	15c.		113.00
	. Other insurance. Specify:	15d.	\$	0.00
. Tax	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	cify:	16.	\$	0.00
7. Inst	allment or lease payments:			
17a	. Car payments for Vehicle 1	17a.	\$	0.00
17b	. Car payments for Vehicle 2	17b.	\$	0.00
17c	Other. Specify: Student loan	17c.	\$	90.00
	. Other. Specify:	17d.	\$	0.00
. You	ir payments of alimony, maintenance, and support that you did not report a	 s		
	lucted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	200.00
	cify: Anticipated Child Support	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Y	our Income.	
	. Mortgages on other property	20a.		0.00
	. Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	· -	0.00
	. Maintenance, repair, and upkeep expenses	20d.	· <del></del>	0.00
	. Homeowner's association or condominium dues	20a. 20e.	·	
			·	0.00
. Otn	er: Specify: Contingency expenses	21.	+3	135.00
2. You	ır monthly expenses. Add lines 4 through 21.	22.	<b> </b> \$	2,308.00
	result is your monthly expenses.			2,000.00
	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,666.00
	Copy your monthly expenses from line 22 above.	23b.		2,308.00
230	. Copy your monthly expenses nom line 22 above.	230.	-9	2,300.00
22~	Subtract your monthly expenses from your monthly income.			
230	The result is your monthly net income.	23c.	\$	358.00
	you expect an increase or decrease in your expenses within the year after y example, do you expect to finish paying for your car loan within the year or do you expect your			se or decrease because of a
mod ✓	lification to the terms of your mortgage?  No.		-	
	Yes.			

Bank of America c/o Glasser & Glasser PO Box 3400 Norfolk, VA 23514-3400

Barclays PO Box 8801 Wilmington, DE 19899-8801

Capital One PO Box 30285 Salt Lake City, UT 84130-0285

Car Max PO Box 440609 Kennesaw, GA 30160

Comenity/David's Bridal PO Box 659707 San Antonio, TX 78265-9707

Farmers Insurance c/o RMS 77 Hartland Street, Ste 401 PO Box 280431 East Hartford, CT 06128-0431

Fortiva (Value City) PO Box 790105 Saint Louis, MO 63179-0105

IRS PO Box 7346 Philadelphia, PA 19114

Navy FCU PO Box 3000 Merrifield, VA 22119-3000

Sallie Mae/Navient PO Box 9500 Wilkes Barre, PA 18773 Va Department of Taxation PO Box 2369 Richmond, VA 23218

Case 15-72099-FJS Doc 10 Filed 06/24/15 Entered 06/24/15 10:18:00 Desc Main

Carissa Ann Robertson

Document

Form B203

Page 17 of 18

Case No.

2014 USBC, Eastern District of Virginia

### **United States Bankruptcy Court** Eastern District of Virginia

			Debtor(s)	Chapte	r <u>13</u>				
	DISCL	OSURE OF C	COMPENSATION OF AT	TORNEY FOR	DEBTOR				
	Disci								
١.	Pursuant to 11 U.S.C. § 3 compensation paid to me, to bankruptcy case is as follows:	or services rende	uptcy Rule 2016(b), I certify that I red or to be rendered on behalf of the	am the attorney for ne debtor(s) in conte	the above-named omplation of or in co	debtor(s) and tha onnection with th			
	For legal services, I have a	greed to accept		\$	5,000.00				
			ceived		340.00				
					4,660.00				
2.	The source of the compensa								
		Other <i>(specify)</i>	Debtor paid \$650.00 to Tomm \$310.00 court costs, the rema 13 plan						
3.	The source of compensation	to be paid to me	is:						
	<b>y</b> Debtor □								
4.	✓ I have not agreed to sha	re the above-discl	losed compensation with any other pers	son unless they are m	embers and associat	es of my law firm			
			d compensation with a person or person of the names of the people sharing in			my law firm. A			
5.	<ul> <li>a. Analysis of the debtor's</li> <li>b. Preparation and filing of</li> <li>c. Representation of the de</li> <li>d. Other provisions as need</li> <li>Negotiations wireaffirmation ag</li> </ul>	financial situation any petition, sche btor at the meetin led: th secured crec reements and a	ive agreed to render legal service for all and rendering advice to the debtor in edules, statement of affairs and plan will go of creditors and confirmation hearing ditors to reduce to market value; applications as needed; preparaters on household goods.	determining whether hich may be required g, and any adjourned exemption plann	to file a petition in ; hearings thereof; ng; preparation a	bankruptey; and filing of			
6.	By agreement with the debt Representation	or(s), the above-di of the debtors	isclosed fee does not include the followin any dischargeability actions, a CERTIFICATION	wing services: and / or any other	adversary procee	eding.			
thi	I certify that the foregoing is bankruptcy proceeding.	is a complete stat	ement of any agreement or arrangeme	ent for payment to me	e for representation	of the debtor(s) in			
	June 11, 2015		1						
	Date	1	Tommy C. Sm						
	/. //		Signature of Atte	orney					
1	Willen Clam	MOSIA		f Tom C. Smith					
	Carissa Ann Robertson	•	Name of Law Fi <b>1600 Virginia</b>						
			Virginia Beacl	h, VA 23454					
			757-428-3481	Fax: 757-491-617	4				

Form B203

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,000 (For all Cases Filed on or after 8/1/2014)

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND

PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

	The undersigned hereby certifies that on this date the foregoing Notice was served up	oon the debtor(s), the standing Chapter 13 trustee,
and U. S	trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy.	<b>Q</b> , either electronically or in paper form (first class
mail).	24	)

June 11, 2015

Date

Tommy C. Smith, III 42409

Signature of Attorney